

6/25/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2012

Ernesto Urdaneta
Pay-Less Pharmacy Inc
7208 N. Sterling Ave, Suite 2
Tampa, FL 33614

SUBJECT: PAY- LESS PHARMACY INC
Ref. Number: P08000043141

We have received your document for PAY- LESS PHARMACY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 012A00015504

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAY- LESS PHARMACY INC

DOCUMENT NUMBER: P08000043141

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNESTO URDANETA

(Name of Contact Person)

PAY- LESS PHARMACY INC

(Firm/Company)

7208 N STERLING AVE SUITE 2

(Address)

TAMPA FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

ERNESTO URDANETA

(Name of Contact Person)

at (813) 315-9896

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JUN 22 2012
AM 8:09

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following articles of dissolution:

FILED
2012 JUN 22 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PAY- LESS PHARMACY INC

SECOND: The document number of the corporation (if known): P08000043141

THIRD: The date dissolution was authorized: MARCH 31, 2012

Effective date of dissolution if applicable: MARCH 31, 2012

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ERNESTO URDANETA/MEDITECH MEDICAL CENTERS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35